

SERIAL NUMBER 09/354,476	FILING DATE 07/15/99	CLASS 348	GROUP ART UNIT <i>2712 2612</i>	ATTORNEY DOCKET NO. 450100-4988
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APPLICANT
YOICHI MIZUTANI, SAITAMA, JAPAN; MASAYUKI TAKEZAWA, KANAGAWA, JAPAN;
HIDEKI MATSUMOTO, KANAGAWA, JAPAN; KEN NAKAJIMA, TOKYO, JAPAN; TOSHIHISA
YAMAMOTO, KANAGAWA, JAPAN.

CONTINUING DOMESTIC DATA***

VERIFIED
JK

371 (NAT'L STAGE) DATA***

VERIFIED
JK

FOREIGN APPLICATIONS***

VERIFIED JAPAN 10-204089 07/17/98
QW JAPAN 10-333965 11/25/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY. JPX	Sheets Drawing 13	Total Claims 4	Independent Claims 1
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ADDRESS WILLIAM S FROMMER ESQ C/O FROMMER LAWRENCE AND HAUG LLP 745 FIFTH AVENUE NEW YORK NY 10151
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TITLE IMAGING APPARATUS

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CONFIRMATION NO. 5209

Bib Data Sheet

SERIAL NUMBER 09/354,476	FILING DATE 07/15/1999 RULE	CLASS 348	GROUP ART UNIT 2742 2612	ATTORNEY DOCKET NO. 450100-4988
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 KEN NAKAJIMA, TOKYO, JAPAN;
 TOSHIHISA YAMAMOTO, KANAGAWA, JAPAN;

**** CONTINUING DATA****** FOREIGN APPLICATIONS**

JAPAN 10-204089 07/17/1998
 JAPAN 10-333965 11/25/1998

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 08/11/1999

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 13	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

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TITLE

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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 JAPAN 10-333965 11/25/1998

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35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

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